# Humanized care in the ICU: challenges from the viewpoint of health professionals

Farias, Flávia Baluz Bezerra de; Vidal, Luanna Lucena; Farias, Rosangela Almeida Rodrigues; Jesus, Ana Cristina Pereira de

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

**Empfohlene Zitierung / Suggested Citation:**
Farias, F. B. B. d., Vidal, L. L., Farias, R. A. R., & Jesus, A. C. P. d. (2013). Humanized care in the ICU: challenges from the viewpoint of health professionals. *Revista de Pesquisa: Cuidado é Fundamental Online*, *5*(4), 635-642. https://doi.org/10.9789/2175-5361.2013v5n4p635

ISSN 2175-5361 DOI: 10.9789/2175-5361.2013v5n4p635




**RESEARCH**

# HUMANIZED CARE IN THE ICU: CHALLENGES FROM THE VIEWPOINT OF HEALTH PROFESSIONALS

CUIDADO HUMANIZADO EM UTI: DESAFIOS NA VISÃO DOS PROFISSIONAIS DE SAÚDE

CUIDADO HUMANIZADO EN LA UCI: DESAFÍOS EN LA VISIÓN DE LOS PROFESIONALES DE LA SALUD

Flávia Baluz Bezerra de Farias[1], Luanna Lucena Vidal[2], Rosangela Almeida Rodrigues Farias[3], Ana Cristina Pereira de Jesus[4]

## ABSTRACT

**Objective:** To investigate the difficulties faced to the care humanization from the viewpoint of ICU health professionals. **Method:** Data collection was performed on January 2012, by means of a semi-structured questionnaire, in the ICU of a public institution from the city of Imperatriz/MA/Brazil. The qualitative analysis was conducted according to Minayo. **Results:** Professionals have defined care humanization as having respect for the patient and watch it as a whole through a holistic gaze. The pointed difficulties were: work overload, low income, scarce resources, lack of continuing education and the relationship with family members. The interviewees believe that a humanized care significantly contributes to the recovery of the critical patient. **Conclusion:** It is necessary having an increased commitment of the managers and the stakeholders to overcome existing challenges and, thus, providing a more humane and warm care to the users. **Descriptors:** Care humanization, Intensive care units, Health professionals.

## RESUMO

**Objetivo:** Investigar as dificuldades enfrentadas para a humanização do cuidado na visão dos profissionais de saúde da UTI. **Método:** A coleta de dados foi realizada em janeiro/2012, por meio de questionário semiestruturado, na UTI de uma instituição pública de Imperatriz/MA. A análise qualitativa foi realizada de acordo com Minayo. **Resultados:** Os profissionais definiram humanização da assistência como ter respeito ao paciente e assisti-lo como um todo através de um olhar holístico. As dificuldades apontadas foram: sobrecarga de trabalho, baixa remuneração, falta de recursos, falta de educação continuada e o relacionamento com os familiares. Os entrevistados acreditam que o cuidado humanizado contribui de maneira significativa na recuperação do paciente crítico. **Conclusão:** É necessário um maior comprometimento dos gestores e de todos os envolvidos para vencer os desafios existentes e, dessa forma, proporcionar um cuidado mais humano e acolhedor aos usuários. **Descritores**: Humanização da assistência, Unidade de terapia intensiva, Profissional da saúde.

## RESUMEN

**Objetivo:** Investigar las dificultades para la humanización de la atención en vista de los profesionales de la salud de la UCI. **Método:** Larecolección de datos se realizo em en janeiro/2012 a través de cuestionario semi-estructurado en la UCI de una institución pública de la Imperatriz / MA. El análisis cualitativo se realizó según Minayo. **Resultados:** Los profesionales han definido una atención de calidad cómo tener respeto por el paciente y verlo em su totalidade a través de una mirada holística. Las dificultades mencionadas fueron: trabajo excesivo, los bajos salarios, la falta de recursos, la falta de educación continua y las relaciones con los miembros de la familia. Los encuestados creen que el cuidado humanizado contribuye de manera significativa en la recuperación de los pacientes críticos. **Conclusión:** Requiere un mayor compromiso de los directivos y todos los involucrados para superar los retos existentes y proporcionar así una atención más humana y amigable para los usuarios. **Descriptores:** Humanización de la atención. Unidade de Cuidados Intensivos. Profesional de la salud.

[1]Master in Health Sciences, Federal University of Maranhão/ UFMA. Professor at the Nursing Undergraduate Course from the Federal University of Maranhão, Imperatriz's Campus/MA/Brazil. Address: Monção Street, Without Number, Dubai Residence Condominium, Jade Building, Apartment 1003, Jardim Jaracaty Neighborhood; Cell Phone Number: 91101312; E-mail: fbaluz@gmail.com. [2]Nurse graduated from the Federal University of Maranhão, Imperatriz city's Campus/MA/Brazil. E-mail: Luanavidal_19@hotmail.com. [3]Specialist in Family Health, Gama Filho University. Nurse at the Family Health Strategy from the municipality of São Luís/MA/Brazil. E-mail: rosarosangela3@yahoo.com.br. [4]Specialist in Obstetrics and Neonatal Nursing, Higher Education Institute of Londrina. Professor at the Nursing Undergraduate Course from the Federal University of Maranhão, Imperatriz's Campus/MA/Brazil. E-mail: anacristina_itz@hotmail.com.

## INTRODUCTION

The humanized care significantly contributes to the recovery of the critically ill patient, maximizing its chances of living longer and with a quality care. The Intensive Care Unit (ICU) is the sector that generates more emotional and psychological disorders in patients, family members and professionals, as it is an intensive care service to critically ill patients, being that the awareness from the health staff for holding a humanized service is extremely relevant.[1]

The human aspect of care provided by professionals, surely, is one of the most difficult to be implemented, especially because of the daily and complex routine which involves the ICU environment, making staff members, often, forget touching, talking and listening to the human being who lies ahead of them. Thus, the care humanization in the Intensive Care Unit (ICU) is considered a difficult task by professionals, since it usually demands individual attitudes in the context of a dominant technological system.[2]

It is noteworthy that the ICU is a highly specialized admission unit, which has differentiated technology and equipment and is prepared to meet serious or potentially serious patients. Nonetheless, even with the continuing medical and nursing care, it exposes the patient to a cold and hostile environment, where the noises, the presence of lights, as well as the invasive clinical procedures, which are frequent in its care routine, make that this place is usually considered one of the most dangerous, tense and traumatic hospital environments.[3]

It should be observed the lack of systematization and worrying about how to take care of people in the admission unit to the critical patient, however, it is concerned rather with the development of the technique, by fostering the mechanistic work. That is to say, given the number of impending emergency situations that require a staff that promptly and effectively meets them, health professionals have been valued by their dexterity, skills and agility techniques, procedures and equipment handling, with emphasis only for the fulfillment of tasks, being that the attitudinal nature attributes, such as good interaction with patients, families and staff; solidarity; commitment to individuality and privacy of patients; empathy and respect for other people, among other too important factors to humanize the ICU have been left behind.[4]

Thus, encouraging the professionals so that they are involved with the humanization and use their potentialities to the practice of more welcoming actions represents a challenge to be won. Given the above, the main objective of this study is to investigate the difficulties faced for achieve the care humanization in an ICU from the viewpoint of health professionals, as well as identifying the concept of care humanization in the opinion of the multidisciplinary staff and highlighting the perspectives of professionals about the importance of a humanized care for the critical ill patient.

## METHODOLOGY

This is an exploratory study, with qualitative approach, developed in the ICU for adult patients of a public hospital from the city of Imperatriz/ MA/Brazil, which has 20 beds intended for the care of critically ill adult patients who require permanent care and adequate monitoring in any medical specialty, being that is the unique Urgency and Emergency Hospital with ICU in the aforementioned municipality.

The study participants were health professionals from the intensive care staff, totaling 20 respondents, secondary school or university graduates, who were working at the above mentioned unit and who agreed to

spontaneously participate in the research. Data collection was performed through interviews, through semi-structured script, composed of four open questions, which are the following: “In your opinion, what is the meaning of the expression: care humanization to the critically ill patient?”; “In your opinion, what are the main difficulties faced for the provision of a humanized care in the ICU?”;“What is the importance of the humanization process in the care of the critically ill patient?”; and “What are the actions experienced at work that you consider as humanized care?”. These questions served to guide the information survey about the reality faced by professionals in the ICU regarding the care humanization process. Furthermore, they were asked about the personal and social characteristics, such as: age, gender, occupational category and working time in the ICU. The interview was individually conducted in a private room of the hospital institution itself.

For data analysis, we have used the thematic analysis framework[5], which has three steps: data ordination, data classification and their respective division into three categories: Meaning of humanization in caring of the critical patient, Difficulties in the humanized care practice and Humanized care in the Intensive Care Unit. Next, we held the final analysis, establishing connections between the data and the theoretical frameworks of this research, answering to the questions with basis on its objectives.

The study was approved by the Ethics Research Committee of the College Hospital from the Federal University of Maranhão, under the Opinion nº 0041/2012. Before data collection, we delivered a Free and Informed Consent Form to the research participants, in line with the Resolution nº 196/96 – CONEP – explaining on the research objectives, voluntary participation, withdrawal from the study at any time without any kind of penalties, exemption from any expense, as well as the secrecy of the identity assigning to each respondent the word “humaniza”, followed by cardinal numbers.

## RESULTS AND DISCUSSION

Study participants were twenty professionals, including: two doctors, four nurses, eleven nursing technicians and three physiotherapists, all of them working in the ICU for adult people of the Local Hospital of the city of Imperatriz/MA/Brazil. Concerning the social and personal aspects of the participants, fifteen were females and five males and were in the age group between 22 and 28 years. As to the working time in the Intensive Care Unit, thirteen worked for less than two years and seven worked for over three years. Among the interviewed professionals, with exception of those who chose to be specialized in intensive care, only two were not in the ICU by choice, but because they did not have another choice.

**Meaning of Humanization in Caring of the Critical Patient**

The following speeches indicate the conception that each professional has about humanization in the ICU and how the humanization process should be developed.

> *The care humanization takes place when there is a patient care as a whole, both for part of the disease and for the part of the psychological and social therapy, providing a closer approach to the patient* (Humaniza 02).

> *…it should prioritize the individual in a holistic manner, not only the pathological aspect of the disease, but also the emotional aspect, the affective aspect has to be seen…*(Humaniza 08).
> *Humanizing, to me means making it more accessible to the patients, to the staff, offering a healthier environment, more accessible to the practice of professional activities (Humaniza 03).*

**Difficulties in the Humanized Care Practice**

Health professionals have highlighted some factors about the difficulties faced during the

provision of a humanized care in the ICU, such as: work overload, low income, lack of material and human resources, lack of continuing education by the staff, as follows:

> *It's due to our workload; if we had a decent wage and a fairer workload, it would ease more and the service provision would be even better* (Humaniza 09).

> *... The lack of continuing education, the person comes to work, does its job and goes away, but forgets that is dealing with human beings...*(Humaniza 01).

> *Trained staff and the number of trained staff, then what we see is a lot of overload over the professionals...*(Humaniza 08).

> *…the lack of stuff or even the poor quality of equipment available in the ICU to help in everything that is related to the patient* (Humaniza 07).

According to the interviewees, the stress in the ICU lies in the relationship with the family members, which is observed in the following speeches:

> *The main difficulties we may face is, sometimes, family discussions even starting from some relatives of sickness patients...we find it difficult to understand some family situations...*(Humaniza 10).

There is another complicating factor in the comments of the respondents concerning the challenges to the applicability of the humanization, such as:

> *... if the unit also does not provide a care to the professionals, after all, even the professionals have a difficulty to practice the humanization, because he is not humanely treated by the service itself that he provides* (Humaniza 10).

**Humanized Care in the Intensive Care Unit**

The interviewees are aware about the importance and benefits of the humanization process, when they state:

> *First, because the humanized care will improve the psychological part of the patient and will make him seek his own good, its recovery, he will feel motivated to heal itself* (Humaniza 02).

> *It positively contributes, making the patient more stimulated to reduce the length stay in the ICU* (Humaniza 03).

> *This is seen in a much highlighted way in practice, the patient who is well cared, humanly speaking, has a very fast evolution...* (Humaniza 08*)*.

Health professionals add that assistance towards the family members is considered a crucial aspect in the humanization process:

> *We frequently work with the family, talking to the family, giving the schedule visitation for the family come and visit its relative who's hospitalized, and so the doctor, the nursing staff follow-up such a visitation, removes all doubt ...*(Humaniza 10).

When asked about the humanizing actions developed within the studied ICU, professionals describe what they do, as a way to improve the patient care:

> *The conversation with the patient, that awareness patient, we try to give at least one television time at night for him watching something he likes; seeking always look if he's coldness, if he's hungry, giving a different food if we can do it , we call the family, then family brings it for him* (Humaniza 02).

> *I converse when they can hear, I ask: do you wanna hear a song? We play it softly; it has all that talking, contact and concern about keep a constant dialogue with this patient...*(Humaniza 04).

The research confirms, through the speech of health professionals working in the Intensive Care Unit, that the humanized care is to assist the patient as a whole, through a more integral gaze to the patient, by means of a holistic care, focusing on the care actions, not only in recovering and in healing the patient, but, especially, in the full welfare of such a subject, giving a feeling of respect for the same, so that it is not seen as an extension of the technological

apparatus.[5-6] In this context, Zampiere[7] emphasizes that humanizing means having a holistic viewpoint of the customer, being that it is extremely relevant to the development of human characteristics, such as: sensitivity, respect and solidarity.

The professionals verbalization on the meaning of humanization when it states that humanize is to treat the customer in a complete way, gathering the family and social contexts, adding and respecting the merits, hopes and fears of each individual, considering it as a biological, psychological, sociological and spiritual being.[2-8]

According to the discourse of the interviewed professionals, humanized care should involve not only the patient, but rather encompass all the family and social contexts, besides the work environment and the health team. Thus, as noted in the statement of the Brazilian Intensive Care Medicine Association[9], that the humanization "is a set of measures that covers the physical environment, the care of patients and their family members and the relationships between the health staff", including the assessment of the needs family members and of the entire health care staff, the degree of satisfaction of these with regard to the provided care and the prevention of the patients integrity as human beings.[10]

According to Hoga[11], the participation of several professionals in health care promotes the involvement of all staff members with the care, fostering a better availability of health professionals before sick people, thus contributing to promote the quality at the welcoming time, seeking to accomplish and provide the treatment that the patient deserves as a human being.

When we talk about humanized care to the critical ill patient, we realize that the reality experienced by the multidisciplinary staffs which work in the Intensive Care Unit is permeated by several feelings and emotions. The routine requires an excellent technical and scientific training and professional preparation for dealing with loss, pain and suffering. The overload imposed by daily work focused on the critical patient makes the health staff ends up providing a mechanized and technicist care, forgetting to humanize the care.[12]

The difficulties mentioned by respondents are regarded as challenges for health professionals. In this context, Pinheiro and Lopes[13] argue that working conditions, low wages, difficulty in reconciling family and professional lives, double or triple journey, causing activity overload and fatigue and the constant contact with people under tension status create an unfavorable working environment:The institutions do not offer a suitable environment, quantitative and qualitative human and material resources in a sufficient amount, decent wage and working motivation, as well as opportunity for professionals to improve themselves in their area of expertise, so that they can perform their duties in a more humanized manner.[13]

Emphasize that the daily and complex routine itself which involves the ICU environment makes the members of the healthcare staff, most often, forget touching, talking and hearing the human being who is under their care; adding to these difficulties, it should be cited the care fragmentation, structural deficiencies in the health system and the lack of working philosophies and teachings aimed at humanizing the care.[2]

In the ICU, the multidisciplinary staff lives with triggering factors of stress, such as the difficulty of accepting death, scarcity of material (beds and equipment) and human resources, the conflicting decision-makings related to the selection of patients to be treated, as well as the lack of information on the part of family members about the clinical picture of the patient, which

might negatively influence in the quality of the humanized care to be provided to the client.

Thus, it is clear that the family does not understand the situation in which the serious patient is inserted and it ends up hindering the teamwork. highlights the lack of communication as the main hindering factor found in the humanization process, since an effective communication might stimulate the patient and its family to win feelings of security, confidence and comfort.[14] Emphasize that the involvement of the health care staff with the patient and its family is an essential prerequisite to humanize, requiring ICU professionals to create a good relationship with the family, facilitating its participation in the patient care.[12]

According to the statements of the interviewees, the institution itself does not recognize and value its professionals, making it difficult for them to perform their activities, besides not motivating them to provide a more humanized care within the working environment. That for that the health professionals might provide an effective and humanized care, it is necessary to respect their dignity and human condition, giving them a fair compensation, adequate working conditions and recognize and value their labor.[15]

Some studies indicate benefits brought about by the policy of humanization to the hospitals, such as: length of stay reduction, decreased absenteeism, increased sense of welfare among patients, families and staff and, with that, consequently, the health costs reduction.[16]

When a family member is admitted to a hospital, the balance and the occupied roles are affected, causing an imbalance in the family dynamics. Accordingly, the respondents reported the actions that are developed together with families who have their relatives admitted to the ICU at stake. The presence of the family member (caregiver) along with the patient is part of care humanization, whereas the family has vital importance to the recovery and the safety promotion for the patient throughout this process of sensitivity and physical and emotional fragility.[17] A proper communication with family members directly leads to a better patient care.[18]

That among the relevant aspects pertaining to the comprehensive care, it should be noted the presence of the family member as help and support to the patient during its hospitalization.[2] Some studies show that the family has been shown responsible for several positive aspects related to the recovery of its relative admitted to an ICU, meeting many of the patient needs, besides contributing to significant information about thereof.[18-19]

It was observed in the survey, despite the emergent difficulties, that the health care staffs working in the ICU develop their actions in the best possible way with the sights to provide a greater comfort and welfare to the patient.

For humanization deployment and implementation in the hospital setting, practitioners need to develop an awareness of professional development so that they can monitor the onset of further technologies and couple them to the listening, the dialogue and the solidarity throughout the care process. The humanization needs to be felt and realized by patients, family members and health care staff, being that each humanization process is unique and singular, depending on each worker, each staff and each health institution.[20]

Regarding the humanized care in the Intensive Care Unit, we have found that health professionals have a correct perception of the meaning of the care humanization towards the critically ill patient and, although the difficulties are present in the working environment, each of

which contributes to the individual and unique care, through humanizing actions that foster the recovery of critical patient, providing a better welfare and quality care throughout the admission process in the ICU.

## CONCLUSION

It is observed that even the care humanization being a much discussed issue in the institutions by health professionals, it is still a little experienced reality in the hospital environment, especially in Intensive Care Units, due to a set of factors which were reported in this current study.

The professionals are aware of the importance and necessity of the humanized care, as an essential tool for the recovery of critically ill patients, but the technician care is still prevalent at the ICU environment. Urgent changes are needed in the ICU context, in order to build a quality care, fully human, whereas the complexity of the severely ill human being, recognizing its completeness and specificity as biological, social and subjective living being.

Therefore, it is necessary having further professional development and commitment by managers and all stakeholders in view of winning the challenges that hinder the provision of a humanized care in the ICUs, supporting and fostering the health care staff and, consequently, providing subsidies for that the same might provide a more humane and welcoming care to the users.

## REFERENCES

1. Dias, G.T; Souza, J. S.; Barçante, T. A; Franco, L. M. C. Humanization of health assistance in intensive care units: a real possibility. Revista de Enfermagem UFPE. Pernambuco, v. 4, (esp), 2010.

2. Vila, V. da S.C; Rossi, L.A. O significado cultural do cuidado humanizado em unidade de terapia intensiva: “muito falado e pouco vivido”. Revista Latino-Americana de Enfermagem, Ribeirão Preto, v. 10. n. 2, 2002.

3. Pinho, L. B. de; Santos, S. M. A. dos. Dialética do cuidado humanizado na UTI: contradições entre o discurso e a prática profissional do enfermeiro. Revista Escola de Enfermagem da USP. São Paulo, v. 42, n. 1, 2008.

4. Bolela, F. A humanização em terapia intensiva na perspectiva da equipe de saúde. Ribeirão Preto: Dissertação – Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo, 2008. 125p.

5. Minayo, M.C. de S. Pesquisa social: teoria, método e criatividade. 19. ed. Rio de Janeiro: Vozes, 1994.

6. Costa, S. C; Figueiredo, M. R. B; Schaurich, D. Humanização em Unidade de Terapia Intensiva Adulto (UTI): compreensões da equipe de enfermagem. Interface – Comunicação, Saúde, Educação. Botucatu, v. 13, n. 01, 2009.

7. Hayashi, A. A. M; Gisi, M. L. O cuidado de enfermagem no CTI: da ação-reflexão à conscientização. Texto&Contexto Enfermagem. Paraná, v. 9, n. 2, 2000.

8. Zampieri, M. de F. M. Vivenciando o processo educativo em enfermagem com gestantes de alto risco e seus acompanhantes. Revista Gaúcha de Enfermagem. Porto Alegre, v. 22, n.1, 2001.

9. Knobel, E. e colaboradores. Condutas no paciente grave. 2ª ed. São Paulo: Atheneu, 1998. P.

10. Associação de Medicina Intensiva Brasileira – AMIB. Humanizar a UTI. Disponível em: http://www.amib.org.br/. Acesso em: 20 mar 2012

11. Nunes, W. C; Pereira, A. de S. B; Bezerra, E. P; Meira, J. V; Santos, B. M. P. dos.

Humanização da Equipe de Enfermagem em Unidade de Terapia Intensiva. João Pessoa, 2004, 12p.

12. Hoga, L. A. K. A dimensão subjetiva do profissional na humanização da assistência à saúde: uma reflexão. Rev. Esc. Enferm USP, São Paulo, v.38, n.1, 2004.

13. Leite, M. A; Vila, V. da S. C. Dificuldades vivenciadas pela equipe multiprofissional na unidade de terapia intensiva. Revista Latino-Americana de Enfermagem. Ribeirão Preto, v. 13, n. 2, 2005.

14. Pinheiro, M. C. D; Lopes, G. T. A influência do brinquedo na humanização da assistência de enfermagem à criança hospitalizada. Revista Brasileira de Enfermagem. Minas Gerais, v. 46, n. 2, 1993.

15. Mota, R. A; Martins, C. G. de M; Véras, R. M. Papel dos profissionais de saúde na política de humanização hospitalar. Psicologia em estudo. Maringá, v. 11, n. 2, 2006.

16. Soares, M. Cuidando da família de pacientes em situação de terminalidade internados na unidade de terapia intensiva. Revista Brasileira de Terapia Intensiva. São Paulo, v. 19, n. 4, 2007.

17. Backes, D. S; Lunardi, V. L; Filho, W. D. L.. A humanização hospitalar como expressão da ética. Revista Latino-Americana de Enfermagem. Ribeirão Preto, v. 14,n.1, 2006.

18. Boeira, M. M; Maineri, M. M; Sussela, R; Lopes, T. V. A presença do familiar junto ao paciente no centro de terapia intensiva adulto (CTI): uma forma de humanizar o cuidado. Rev. Med. Hosp. Pompéia, Caxias do Sul, v.6, n.2, 2004.

19. Cintra, E. A; Nishide, V. M; Nunes, V. A. Assistência de enfermagem ao paciente gravemente enfermo. São Paulo: Actínia, 2000.p.

20. Silveira, R. S. da; Lunardi, V. L; Filho, W. D. L; Oliveira, A. M. N. de. Uma tentativa de humanizar a relação da equipe de enfermagem com a família de pacientes internados na UTI. Texto Contexto Enferm. Florianópolis, v. 14, 2005.

21. Siqueira, A B; Filipini, R; Posso, M. B. S;Fiorano, A. M. M; Gonçalves, S. A. Relacionamento enfermeiro, paciente e família: fatores comportamentais associados à qualidade da assistência. Arq Med ABC. São Paulo, v.31, n.2, 2006.

22. Casate, J. C; Corrêa, A. K. Humanização do atendimento em saúde: conhecimento veiculado na literatura brasileira de enfermagem. Revista Latino-Americana de Enfermagem. Ribeirão Preto, v. 13, n. 01, 2005.

**Received on: 25/09/2012**
**Reviews required: no**
**Approved on: 01/03/2013**
**Published on: 01/10/2013**